



BOUGH BEECH SAILING CLUB - YOUTH SAILING

PIRATES & BUCCANEERS / RAIDERS & YOUTH SQUAD

(Delete as appropriate)



SAILOR DETAILS AND MEDICAL INFORMATION (In confidence)	
Name	BBSC Membership No.
Date of birth	M / F
Medical condition(s) & specific treatment	
Allergies & treatment	
Swimming ability	<i>I confirm my child can swim 25m wearing a buoyancy aid:</i> YES / NO
Sailing ability	

Address including post code	
Home telephone:	Mobile telephone:
Email	

Parent /guardian 1			
Relationship		Telephone:	
Ability to help with Training activities	Admin	Shore	Water

Parent/guardian 2			
Relationship		Telephone:	
Ability to help with Training activities	Admin	Shore	Water

Signed:

Dated:

By signing I consent to my child participating and automatically grant Bough Beech Sailing Club, without payment, the right in perpetuity to make, use and show any motion or still pictures, unless otherwise advised in writing prior to any event. It remains the responsibility of parents/guardians to inform Bough Beech Sailing Club of any changes to the information declared above. I hereby also confirm that I am aware that the club provides male and female changing facilities, but not separate children changing facilities.